

Foster Family Home - Corrective Action Report

Provider ID: 1-190100

Home Name: Miriam G. Feliciano, NA

Review ID: 1-190100-1

639 Puuhale Road

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 1/2/2020

Foster Family Home

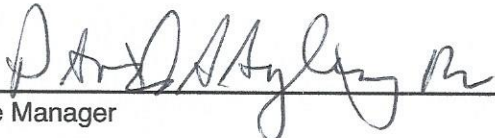
Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.
Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver


Date


Date